

Consent to Release and/or Obtain Information

Child's Name _____ Date of Birth _____
Parent/Guardian Name _____

My signature on this form indicates that I (parent or legal representative) _____:

- Authorize the individuals, programs, organization and/or entity listed below to disclose and/or obtain specific health/medical and educational information from the records of the above named child.
- Understand that I may request a copy of any information that is disclosed or obtained.
- Agree that a copy of this consent may be treated as an original.
- Understand that if the record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, or genetic testing this disclosure may include that information.
- Understand that this information may be released in any of the following ways: fax, email, direct mail, wireless communication, or by telephone.
- Understand that, while services will not be denied because of failure to sign this consent form, inability to collect necessary information may cause denial of eligibility for BabyNet Services.
- Understand that I may revoke this consent in writing at any time. Any action taken prior to the date rescinded is legal and binding.
- Understand that if I fail to specify an expiration date or condition for this consent, it is valid for the period of time needed to fulfill its purpose for up to one year.
- Grant consent for one year from date I sign the consent, or until my child's third birthday, whichever comes first.
- LIMIT consent as follows (describe): _____

Parent or Legal Representative Signature

Date

Request for information request or release is for purpose(s) of:

☐ Eligibility determination ☐ IFSP development or review ☐ Other BabyNet service planning

Information requested or released: _____

Information ☐ requested from* ☐ released to:

*Please RETURN requested information to:

Name	_____	_____
Agency	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____

NOTE: BabyNet records are protected from unauthorized disclosure under the Family Educational Rights and Privacy Act (FERPA). Personally identifiable information protected by FERPA is specifically exempted from HIPAA privacy standards. BabyNet may disclose personally identifiable information from a record only on the condition that the party to whom the information is disclosed will not disclose the information to any other party without the prior consent of the parent (34 CFR 99.33).

PLACE LABEL HERE

INSTRUCTIONS

Consent to Release and/or Obtain Information

(BN006)

A. PURPOSE

To request permission from parents or legal representatives to exchange specific health/medical and educational information (other than psychotherapy notes) to or from the records of a child referred to or eligible for BabyNet services.

B. USES

The Intake/Service Coordinator uses this form to obtain consent from the family for obtaining or disclosing information necessary for eligibility determination or service planning, including IFSP development and evaluation.

The consent remains in effect for one year from the date signed, or until the child's third birthday, whichever comes *first*.

This form cannot be used to request psychotherapy notes.

C. INSTRUCTIONS

1. Enter child's name and date of birth.
2. Print name of parent or legal representative authorized to give consent to exchange information.
3. Review consent information with parent or legal representative and request signature to indicate agreement with the terms of the consent.
4. Person giving consent must list any exceptions they would like made to the release of information policy stated in the paragraph above.
5. Indicate the purpose for releasing the information. Information may not be exchanged unless the purpose of the release is indicated on the form. For example, if the purpose of the form is to obtain information to make the child BN eligible, then that information may not be used to determine eligibility for another agency without obtaining consent for that purpose.
6. Enter the full name of the parent or legal representative granting permission. Consider if a surrogate parent is required for release.
7. List the specific information that is being requested/exchanged (e.g., physical therapy evaluation results, discharge summary, etc.).
8. Check box corresponding to the reason for information exchange.
9. Complete contact information for the person or entity asked to exchange information.
10. Complete contact information for Intake/Service Coordinator or designee to receive returned information.

PLACE LABEL HERE